



Escalante Community Center  
Early Childhood Education Program Registration Form  
**WINTER 2021**



| Student Information          |                                   |        |
|------------------------------|-----------------------------------|--------|
| Child's First name/Last name | Child Date of Birth<br>MM DD YEAR | Male   |
|                              |                                   | Female |

Please make a checkmark next to the PRIMARY PARENT.

| <input type="checkbox"/> Mother's First name/Last name      |                         | <input type="checkbox"/> Father's First name/Last name |                         |
|---|-------------------------|--|-------------------------|
| Mother's Date of Birth                                      | Mother I.D.             | Father's Date of Birth                                 | Father I.D.             |
| Mother's Primary Phone #                                    |                         | Father's Primary Phone #                               |                         |
| Mother's e-mail address                                     |                         | Father's e-mail address                                |                         |
| Address (include apt or unit#)                              |                         | City, State  | ZIP                     |
| Alternative Emergency Contacts (other than parent/guardian) |                         |  |                         |
| Primary Emergency Contact First name/Last name              |                         | Secondary Emergency Contact First name/Last name       |                         |
| Cell Phone  | Relationship to student | Cell Phone   | Relationship to student |

1. My child meets the age qualification and is 100% potty trained.
2. If my contact information changes, it is my responsibility to advise Escalante Staff, for the safety of my child.
3. I understand parent/guardian or alternative emergency contact may be required to show i.d. and 18yrs +
4. I understand teachers will not administer medication.
5. Teachers are aware of my student's food allergies; and I am aware my child can bring their own simple-snack.
6. I agree to all guidelines set in the Escalante ECEP Parent Handbook.

■ With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.

■ I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.

■ I understand that all reasonable efforts will be extended to insure my health and safety.

■ If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.

■ I fully understand the nature of this Class / Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.

■ I agree, without any right of payment or of editing, to the use of images of me and/or my child(ren), including reproductions of photos, video, film, audio or other reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes.

■ I agree to look to my private physician for medical advice and care and to notify my child's teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:

I have read and clearly understand the above statements. I realize this is a contract between myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

PARENT OR GUARDIAN SIGNATURE

DATE

I would like to register my child for the following program: **(check one)**

☐ Tiny Tots, Monday&Wednesday ...\$120    ☐ Kinder-Readiness , Tuesday&Thursday ...\$120

☐ BOTH, Monday, Tuesday, Wednesday & Thursday

Program must be paid in full prior to first day of school.

| ***** FOR OFFICE USE *****                  |                              |  |             |
|---|------------------------------|--|-------------|
| <input type="checkbox"/> Proof of Residency |                              | <input type="checkbox"/> Birth Certificate |             |
| Payment #1: _____ (amount paid)             | Cash / Check# _____ / Credit | Staff initials: _____                      | Date: _____ |
| Payment #2: _____ (amount paid)             | Cash / Check# _____ / Credit | Staff initials: _____                      | Date: _____ |

Please complete back of form.

|  |   |
|--|---|
| <b>Student Medical Information</b>   |   |
| If you would like to advise your teachers of any medication your child requires (example: inhaler for asthma) list here                |   |
| Does your child have any food allergies?<br>YES                      NO  | If YES, what food(s)? (examples: dairy, nuts or gluten) |
| _____ Parent Initial   |   |
| <b>Student Assessment</b>  |   |
| 1. Language primarily spoken in the home?  |   |
| 2. Has your child participated in a day-care or other preschool or early childhood education classroom?<br>YES                      NO |   |
| _____ Parent Initial   |   |
| <b>Student Notes</b>   |   |
| Date:  | Staff:  |
| Incident:  |   |
| Date:  | Staff:  |
| Incident:  |   |
| Date:  | Staff:  |
| Incident:  |   |
| Date:  | Staff:  |
| Incident:  |   |
| Date:  | Staff:  |
| Incident:  |   |

